

APR 08 1998

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PTO/SB/17 (12-97)

Approved for use through 09/30/00. OMB 0651-0032  
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

#44

**FEE TRANSMITTAL**

Note: Effective October 1, 1997.  
Patent fees are subject to annual revision.

**TOTAL AMOUNT OF PAYMENT (\$)****METHOD OF PAYMENT (check one)**

1.  The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit Account Number	
Deposit Account Name	

- Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17       Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance

2.  Payment Enclosed:

Check     Money Order     Other

**FEE CALCULATION****1. FILING FEE**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	Fee Paid
101 790	201 395	Utility filing fee			
106 330	206 165	Design filing fee			
107 540	207 270	Plant filing fee			
108 790	208 395	Reissue filing fee			
114 150	214 75	Provisional filing fee			
<b>SUBTOTAL (1) (\$)</b>					

**2. CLAIMS**

Total Claims	-20	=	Extra	Fee from below	=	Fee Paid
Independent Claims	3	-	3	X	=	
Multiple Dependent Claims				X	=	

**Large Entity**

Large Entity	Small Entity	Fee Code (\$)	Fee Code (\$)	Fee Description	
103 22	203 11	Claims in excess of 20			
102 82	202 41	Independent claims in excess of 3			
104 270	204 135	Multiple dependent claim			
109 82	209 41	Reissue independent claims over original patent			
110 22	210 11	Reissue claims in excess of 20 and over original patent			
<b>SUBTOTAL (2) (\$)</b>					

\* Reduced by Basic Filing Fee Paid      **SUBTOTAL (3) (\$)** **55.00**

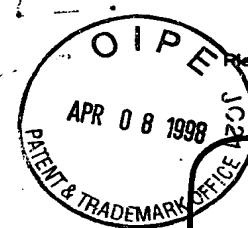
**SUBMITTED BY**

Typed or Printed Name	Complete (if applicable)		
Philippe Berna			
Philippe Berna	1998 Mar 31		

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

04/10/1998 LSNEED 00000063 08580493  
01 FC:215 55.00 OP

1 MD. ext. granted  
JW



Please type a plus sign (+) inside this box →

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68-3206  
37269  
PTO/SB/21 (12-97)

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	08/580,493
Filing Date	1995 Dec 29
First Named Inventor	Philippe Berna
Group Art Unit	3206
Examiner Name	Tom Hughes
Attorney Docket Number	

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

APR 14 1997

GROUP 3206

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Philippe Berna
Signature	Philippe BERNA
Date	1998, Mar 31

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date:

Typed or printed name	Philippe Berna
Signature	Philippe BERNA
Date	1998, April 9th

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